

**Acrodynia.**—WESTON (*Arch. Ped.*, September, 1920) reports 8 cases. They began with loss of appetite and listlessness. Some had infections of the upper respiratory tract and some did not. Intestinal symptoms were seen in some and not in others. All had loss of appetite, loss in weight and diminished reflexes. Knee-jerks were sometimes absent for weeks. Profuse perspiration all over the body with scratching and more or less maceration of the skin was a common feature. In every case the hands and feet became cold, bluish red and swollen and tender and painful to touch. One case had photophobia and inflamed conjunctivæ, and this patient also had a small area of necrosis about two erupting teeth. Two patients had necrosis of the gums and alveolar processes in both upper and lower jaws. One lost six and the other eight teeth. None had a temperature of more than 102°. The predominance of opinion seems to be that this condition is a food deficiency disease like pellagra. The disease is self-limited and therefore treatment should be directed toward making the patient comfortable and sustaining the strength by giving a well-balanced diet.

**The Effect of Tonsillectomy on the Recurrence of Acute Rheumatic Fever and Chorea.**—ST. LAWRENCE (*Jour. Am. Med. Assn.*, October 16, 1920) studied 85 children, all of whom had presented one or several rheumatic manifestations before the tonsils were removed. The time elapsed was an average period of three and a half years. The tonsils were markedly hypertrophied in 13 per cent. of the cases, moderately so in 69 per cent. and not enlarged in 18 per cent. of the cases. They were the site of recurrent inflammation before the tonsils were removed in 73 per cent. of the cases. Sore-throat recurred after removal in 7 per cent. of these cases. At least two operations were necessary before the tonsils were completely removed in 22 per cent. of the cases. The tonsillar lymph nodes were enlarged in 100 per cent. of the cases before the operations were performed, while in 59 per cent. they were not palpable afterward. One or more attacks of acute rheumatic fever had occurred in 42 cases before the tonsils were removed. After tonsillectomy there were no recurrences in 35 cases, or 84 per cent. One or more attacks of chorea had occurred before the removal of the tonsils in 40 cases, and there were no recurrences after operation in 20 cases, or 50 per cent. Sixty-one cases showed myositis and bone or joint pains before the operation, and there were no recurrences in 47 cases, or 77 per cent. Fifty-eight cases of organic disease of the heart were present in the series. Twelve of these patients had suffered at least one attack of cardiac failure before operation. One patient suffered one attack after operation. The exercise of tolerance in the cases of cardiac disease seemed to be favorably influenced by tonsillectomy in the instances in which indication existed for the removal of the tonsils. Nutrition and general health were improved and intercurrent diseases were less common after the tonsils were removed.

**Experiences with Luminal in Epilepsy.**—GRINKER (*Jour. Am. Med. Assn.*, August 28, 1920) has treated 100 cases of epilepsy with this drug. In this paper he enumerates a number of cases in which the drug was used. In some of his cases the patients have been free from attacks for a period of three to four years, others from one to two years,

and many more for periods of a number of months. During the war, he often used sodium luminal. The dose of this is much larger and the effects are not nearly so good. Luminal in small doses of from  $1\frac{1}{2}$  to 2 grains once or twice a day was found capable of causing the arrest of the convulsions of epilepsy. Larger doses are seldom required, but may be safely given. Large doses may be given when beginning treatment, especially after withdrawing the bromide. In these cases the dose may be reduced to the average dose. No harmful effects have been observed from the long-continued use of luminal; and it does not seem to have a habit-forming tendency. The effect on the mentality of patients taking luminal has been surprising. The patients taking average doses do not manifest the mental torpor of those taking bromides.

## OBSTETRICS

UNDER THE CHARGE OF

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**Disturbance of the Circulation in Pregnancy.—HERRICK** (*Med. Clin. North America*, 1920, iv, 179) describes the case of a woman admitted to the hospital while pregnant, with dilatation of the heart and insufficiency of its valves, high blood-pressure, congestion of the lungs and liver, dropsy and dyspnea. In the treatment of the case a diet was given free from salt and the quantity of fluid had been limited to 1200 c.c. each day. Digitalis was given three times daily. The diet was varied and drugs were given to stimulate the action of the kidneys. Under the influence of digitalis the pulse was kept between 60 and 80. The patient improved under this treatment and during the first month there were no attacks of dyspnea and the patient became much more comfortable. The area of cardiac dulness became less, while systolic blood-pressure was somewhat less but the diastolic pressure continued to be 100. After ten weeks of treatment the patient left the hospital in the sixth month of pregnancy and had had no material loss. There was no evidence in any way of syphilis. Since going to her home the patient has been asked to limit strictly the quantity of animal food and also of salt taken. It has been observed that where this is done the blood-pressure is not so high. Regarding prognosis, many of these cases greatly improve. There is usually, however, some essential change in the myocardium and in the small vessels and serious and permanent disease usually follows. If advice is given as to the safety of pregnancy in these cases, patients and their friends must be warned that during pregnancy the woman must be kept constantly under the care of a competent physician.

**Suppression of Urine in Pregnancy and Puerperal Period.—In the Lancet**, 1920, No. 199, p. 116, JARDINE and KENNEDY publish